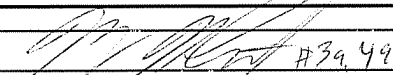


Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2007		Complete if Known Application Number 10/524,465-Conf. #4838 Filing Date February 15, 2005 First Named Inventor Akiyoshi FUJII Examiner Name J. M. Dolan Art Unit 2813 Attorney Docket No. 1248-0769PUS1	
<input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) 950.00			

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch,	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES Small Entity Fee (\$) Fee (\$)		SEARCH FEES Small Entity Fee (\$) Fee (\$)		EXAMINATION FEES Small Entity Fee (\$) Fee (\$)		Fees Paid (\$)
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
						Small Entity Fee (\$) Fee (\$)	
Fee Description							
Each claim over 20 (including Reissues)						50 25	
Each independent claim over 3 (including Reissues)						200 100	
Multiple dependent claims						360 180	
Total Claims		Extra Claims		Fee (\$)		Fee Paid (\$)	
32		- 29 = 3		x 50.00 =		150.00	
HP = highest number of total claims paid for, if greater than 20							
Indep. Claims		Extra Claims		Fee (\$)		Fee Paid (\$)	
12		- 8 = 4		x 200.00 =		800.00	
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets		Extra Sheets		Number of each additional 50 or fraction thereof		Fee (\$)	
						Fee Paid (\$)	
- 100 = /50 = (round up to a whole number) x =							
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge):							

SUBMITTED BY			
Signature  #39,491	Registration No. (Attorney/Agent) 29,271	Telephone (703) 205-8000	
Name (Print/Type) Charles Gorenstein		Date August 6, 2007	